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ON THE NECESSITY OF RE-VACCINATION.

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THE complete failure of vaccination in some instances to protect the system against smallpox, and its partial failure in other cases, has led to various theories and practices. Some have, in a measure, doubted its efficiency, others have rejected it as worthless, while others still have endeavored to discover the reason of such failures, in order, if possible, to obviate them.

Action has wonderfully corresponded with sentiment. Vaccination has been carelessly performed, and suffered to run its course unregarded, or it has been entirely neglected; or, on the other hand, has been performed with due care and watched with interest.

As yet the fact stands as it ever has done. Vaccination sometimes fails, sometimes it seems to exert a complete protecting influence against a most loathsome and very fatal disease. Hence the question, as to the cause of this, is in truth a very important one. It will hardly do to put it aside, by considering the case analogous to that in which specific remedies for various disorders are employed with more or less general success, and yet with now and then a failure. For we have no so-called specific for any one disease, which is not also used with more or less benefit in other diseases, so that, in different states of the constitution, it is productive of good results. We have yet to learn that the vaccine infection affords the least protection to any other than the variolous disease. It is said by some to exert a protecting influence against measles, by rendering the attack less severe; but our own observation contradicts the assertion. The mode, too, of introducing this protecting agent into the system is different from that of other remedies for existing or expected disease. It is with a view to save the patient from the peril and disfigurement of smallpox that it is employed, and for this alone; and this object we believe it capable of effecting. If we attempt to account for its apparent failure in some instances, on the ground that there is a greater susceptibility to variola in some individuals than in others, we are met by the fact, that many thousands of those who would undoubtedly have suffered from, and succumbed to, the disease, have been saved; and this, too, when the operation of vaccination has been so carelessly

performed. If those only who are least liable to the variolous affection are to be benefited, the great value of the discovery is taken from it. I can conceive no better evidence of the great susceptibility to a disease, and the value of any remedy for it, than I find in the generally admitted fact, that, where once many died, the employment of such remedy has diminished and almost extinguished mortality from such cause. Nor need we, as it seems to me, adopt the opinion, that the changes effected in the system at puberty destroy the hitherto protective power of vaccination. A change it certainly is from childhood to adolescence; but that the organization of the solids or fluids composing the body undergoes any such modification as to render an active agent inert, or *vice versa*, is at best hypothetical. It looks too much like the old whim that vaccination should be repeated once in seven years, because in that period its power had all "run out" of the system. The reason is as good in one case as in the other. Comparatively few adults, who were vaccinated in infancy or childhood, are susceptible of successful vaccination. How does this happen if there is such a change at puberty?

Some stress has been laid upon the number and appearance of the cicatrices, as enabling us to judge of the efficacy or inefficacy of vaccination. Doubtless they indicate more or less the efficiency of the pustules, but they alone are not to be relied on. Nor should we judge from the local intensity of the pustule, that it is sufficient or otherwise; for in different individuals and in different states of the constitution, there is great variety in this respect.

We are not permitted to look into the human organism so intelligently as to understand how and by what means all its changes are effected. The action of remedies on the secretions, *e. g.* in various conditions of the system, though the results are often visible and marked enough, is by no means capable of being fully comprehended. And when we come to the question before us—how the active existence of one poison is rendered forever impossible by the previous existence of another and different poison—we hesitate for an answer. The results of experience, however, justify the belief that it is so, and we rest upon this belief as a fixed fact.

A peculiarity in my own person, perhaps not remarkably uncommon in others, has led me to attentive thought and careful observation on this subject. I remember to have been vaccinated in childhood several times, before the presence of the virus manifested itself by the formation of a pustule. It did at length happen, and the cicatrix still remains. While at college, a few cases of variola and varioloid appearing among the students, I was again vaccinated, under the impression, that, as seven and even fourteen years had elapsed, I might now be subject to smallpox if exposed. Here again I received the infection, and had a pustule larger, and, so far as memory serves me in regard to the first, more intense than that. About four weeks from the time of re-vaccination, and after my arm had entirely recovered from its effect, I again vaccinated myself with lymph taken from the arm of a fellow student. Again, and so soon after the second vaccination, I had a large pustule, which went through a regular course, the scab adhering until about the twelfth day. Now

here, after the re-vaccination, I would have been considered as safe as the vaccine disease could render me, and doubtless, had I suffered from variola, my case would have been set down as one of those in which vaccination had availed nothing. And yet was there any reason why I should not have suffered the full force of the disease, had I been exposed? Since that time I have repeatedly inserted the virus in different situations, with no other effect than the slight irritation which is known to follow the scratch of the lancet charged with the poison in those thoroughly vaccinated. My own experience has been partly confirmed by observation. I have re-vaccinated many children, and quite a number of them those in whom I have watched the progress of the first pustule. I have seen the re-vaccination unequivocally successful in only eight cases, and in no instance have I been satisfied that true vaccinia was present the third time. Re-vaccination of adults has been successful in about the same proportion as in children.

My observations have not been sufficiently extensive to establish any new fact, but I make them known that others may observe also, and see if they do not confirm the following proposition:—

That vaccination, properly performed, and repeated until the susceptibility to the vaccine disease is exhausted from the system, affords entire immunity from the variolous disease.

It may seem that, by including so much, my proposition is worthless, as it would extinguish not only the genuine disease, but its modification, varioloid. But we are to bear in mind that one, two or three successive pustules may still leave the system unprotected, at least in part. Vaccination should be repeated until nothing like a pustule can be obtained. Let each one observe for himself, until evidence accumulates which shall sustain or overthrow this position; and let no one say that vaccination is not a protection for those in whom the susceptibility to variola is unusually strong, until he first ascertains whether there is not still left some susceptibility to vaccinia.—*New York Journal of Medicine.*

RECOVERY FROM POISONING BY ARSENIC AND CHROMATE OF LEAD.

BY THOMAS R. H. THOMSON, M.D.

On the morning of the 3d Sept., while residing in Douglas, I was called to a woman, aged 50, who was supposed to be suffering from the effects of poison. On proceeding to her residence, I was told that some hours previously her neighbors, hearing something fall heavily in her room, rushed in, and found her lying almost insensible, and vomiting and retching violently, which was still going on when I entered, the matter ejected being white, greasy, and viscid. The face was pale, covered with profuse clammy perspiration; the eye sunken, and but for the absence of purging she looked like one in the collapsed stage of cholera. She complained of pain, burning heat and dryness of the fauces, difficulty of swallowing, with a continual tendency to hawk up, as if something was sticking in the throat. There was no epigastric pain, only slight tenderness on pressure. Headache violent; pulse 132, feeble; tongue moist,

and covered with a greyish fur. By her own statement it appeared that about 3, P.M., on the preceding day, while assisting to wait in a lodging-house, she had taken four dessert-spoonfuls of a yellow syrup contained in a drawer, and, as she expressed herself, "to get the best of it she had taken the thickest of it," which mixture she subsequently found out to be one used for poisoning flies. She afterwards eat a hearty dinner, and felt no ill effects until the evening, when, in consequence of gripping pains, and feeling sick, she drank a basin of new milk. During the night the pain and burning heat of the throat came on, and ultimately she fell in a sort of faint while trying to get up and call her neighbors. Having ordered hot bottles to her feet and stomach, I went to the chemist who had supplied the fly poison, and ascertained from his assistant that from a drachm to four scruples of arsenious acid, powdered and colored with about the same quantity of chrome yellow, had been supplied; and on this, sweetened with sugar, it appeared from the statement of the patient, as well as of the parties in whose house she had accidentally taken the poison, that at least a full half or more had been taken, as indeed was afterwards determined by weighing the residue. There being no recently-prepared hydrated sesquioxide of iron ready, the patient's daughter was sent back immediately with two ounces of newly-made light magnesia, with directions to give it in water at two draughts; and finding on my return with the stomach-pump that it had not been vomited up, the contents of the stomach were drawn off, and eventually by threats and solicitations she was induced to take several more basinfuls, in all to the amount of about eight ounces of magnesia, mixed as thick as consistent gruel, repeating the dose almost as soon as the previous one had been brought up, by tickling the fauces with a long coarse feather. As soon as she was somewhat rallied, I ordered her a mixture of gum acacia, olive oil, lime-water, and tincture of henbane, every hour, with plenty of thick solution of gum, and thin flour porridge, all of which she required to have forced upon her.—Evening: Much soreness of the epigastrium complained of. Ordered a large bran-and-mustard poultice to be applied, and a full dose of tincture of opium, with nitric spirits of ether, to be taken at bedtime.

Sept. 4th.—Passed a tolerable night, and expresses herself as feeling better. Throat still very dry and burning; much thirst; epigastric region still very tender on pressure. Continued the olive oil and lime water with the mucilaginous drinks, and repeated the mustard poultice. Pulse 120, full and hard.—Evening: Bowels much purged, with tenesmus and some blood; suffering also very much from dysuria. Continue the remedies, with a full dose of compound tincture of opium, and spirits of nitric ether.

5th.—Somewhat better, though suffering greatly from headache; tongue covered with greyish white, smooth, moist coat; pulse 120, full and soft; bowels quiet; still much pain and difficulty in passing water. Continue the remedies, with opium.

6th.—Still suffering from pain and tenderness of the bowels. The heat and dryness of the throat much diminished. Continue the remedies.

7th.—Going on favorably. As I was unavoidably obliged to leave for

a few days, I desired her to call in other medical advice if required. Ordered her to continue the oil and lime-water, and some pills, with the third of a grain of opium powder, and two grains of extract of hyoscyamus three or four to be taken daily; with directions that if the bowels became confined, a little castor oil was to be taken every second day.

From Saturday afternoon until Wednesday morning, I examined the urine, and found by the ordinary tests, confirmed by Reincsh's, positive evidences of arsenious acid; but in no case could I detect any trace of lead, which I presume must have been from the almost insoluble character of the chromate.

On my return on the 19th, the patient mentioned that the day after I had last seen her, she had a return of severe, excruciating pain of the stomach, with tenesmus and frequent bloody stools; but that under the use of the opium pills and mustard applications it gradually subsided. She then expressed herself as being very well, though weakened by her illness. The pulse was down to 80, soft. The only pathognomonic trace of the late ordeal was found in the tongue, which had the whitish, silvery coating sometimes observable in those who have taken the liquor arsenicalis for some time; but there was very little appearance of the poison in her urine. This woman must have taken at least two scruples of powdered arsenious acid, and the same quantity of the chromate of lead.

In all cases of poisoning with arsenic, I should be inclined to try the light, recently-prepared magnesia again, as it is so easily mixed, and so safe in its administration. In this case not less than eight ounces must have been used within two hours.—*London Lancet*.

INJURY TO BOTH EYES BY A POPULAR OINTMENT.

BY BENJAMIN BELL, F.R.C.S.E., SURGEON TO THE EYE INFIRMARY.

In the annual report of the Edinburgh Eye Infirmary for 1850, it was mentioned that more than one case had been witnessed of irreparable injury of the cornea, from the use of an ointment much lauded as a remedy for disorders of the eye. This application, on being analyzed by an eminent chemist, was found to contain an immense quantity of acetate of lead, with a large proportion of red precipitate—the former being in crystalline particles large enough to destroy any cornea by mechanical irritation, leaving the latter entirely out of view. I have since met with another case in which the mischief caused by the same ointment was so great, that for some time vision appeared to be irrecoverably lost in both eyes. The patient was a girl of 9 years, who had been suffering from chronic ophthalmia for several weeks, when her mother was persuaded by well-meaning but officious friends to try Porteous's *vegetable* ointment. Instead of being relieved, the inflammatory symptoms were greatly aggravated, and the child was brought to the Eye Infirmary for advice. Both eyes were extremely vascular, with great intolerance of light, and profuse lachrymation. The right cornea, besides being permeated with red vessels, was dull and hazy, with a few opaque

patches of a white chalky character. The left cornea was in a still worse condition, almost its entire surface being coated with the same white, earthy-looking deposit. This eye had every appearance of being permanently destroyed; but as the foreign substance was evidently a source of great local irritation, by rubbing against the lining membrane of the lids, it seemed desirable to have it removed. The poor child was, accordingly, put to sleep under chloroform, and the encrustation lifted off like fragments of egg-shell, by means of a curved needle. It adhered so firmly that the subjacent surface bled a little on its removal; but the relief which followed was very marked, and forthwith a gradual process of reparation began, which has proceeded steadily to the present time. The right eye, in which the deposit of foreign matter was less extensive, was treated in the same way, and the improvement has been similar, although less remarkable. There is still more or less obscurity in both corneæ; but she is able to read large print, and her vision will yet continue to improve. I may mention, that after detaching the white deposit, I punctured the cornea in both eyes, so as to evacuate the aqueous humor and relieve the painful tension of the inflamed texture. This procedure, first recommended by Mr. Wardrop many years ago, appears to have fallen into unmerited neglect. My colleague, Dr. Hamilton, and I, have seen it singularly advantageous in a number of cases during the past few years; and we cannot remember any in which it was prejudicial. In weakly persons, children especially, who have no blood to spare, when an abscess or penetrating ulcer of the cornea, with or without hypopyon, threatens to destroy the eye, I am acquainted with no remedy so trustworthy as a careful puncture of the cornea. It not only relieves suffering almost at once, but arrests the diseased action and allows the healing process to begin. Chloroform should be employed in most cases, if the child is at all restless. The instrument used for penetrating the cornea ought to be keen, and should enter horizontally, like the knife in extraction of the cataract. It is important, whether we use a knife or a needle, to retract or turn it a little to one side before withdrawing it entirely, so as to secure the complete discharge of the aqueous humor.—*Edinburgh Monthly Jour. of Med. Science.*

"THE CHANGE OF LIFE" IN WOMEN; WITH REMARKS ON THE PERIODS USUALLY CALLED "CRITICAL."

BY JOSEPH PARRISH, M.D., BURLINGTON, N. J.

I PROPOSE to offer in the present, and subsequent numbers of this Journal, a series of essays upon the subject designated by the above title, to which the candid attention of the profession is invited. It is one, not usually treated of in books to any considerable extent, and, it is feared, not regarded in general practice, in the light which nature and sound views of science would dictate; and as the investigation of it may elicit some novel reflections which are opposed to generally-received notions of the subject, I enter upon it with cautious deference to recognized au-

thority, and yet, I trust, in the spirit of independent inquiry. While I would urge that the changes in the life of woman should be met by her professional attendant, with an honest regard for her welfare—that he should consider them as *appointed times* in her history, and not as outbreaks of an erratic nature, or as accidents, in the working of a delicate machinery—I would have the profession gracefully to shrink from undue interference with the operations of nature, and save itself from the imputation of rash meddling with the wise and essential developments of natural law: that it may not be said of any of her votaries—

"—fools rush in, where angels fear to tread."

In these times when *specialties* are becoming the order of the day in medicine; when physicians are apt to select some particular subject upon which to display their talent, and exercise their skill, there is great danger of exaggeration, both as to the nature and treatment of the particular diseases that may claim attention. And though it be true that greater light may be elaborated by such special investigations, it is well to guard against at least *extravagant error*. With reference to the matter before us, we fear there is more error than may be freely confessed. Woman herself, according to the custom of the day, has made up her mind that these changes are always more or less dangerous; and the physician is too often tempted to accord with her prejudices, and to subject her to treatment, sometimes the most unscientific in its character, and in its results, most unsatisfactory, except to the pecuniary *taste* of the prescriber. While I would not apply this remark to the whole profession, I would appeal to the observation and conviction of all, and ask—Is there any subject within the domain of medical science, that is more frequently presented by the empiric, than that of female disease?—are there not more "cures" offered through the press, and in the social circles of females, for the so-called diseases of this class, than any other? Does not almost every paper contain advertisements of specifics to conduct females safely through their "critical periods"? And even within the ranks of legitimate medicine, are there not hundreds of physicians scattered through our land, who are running, with wild enthusiasm, into false theories, and adopting injurious practice, with reference to the uterine system?

What can be more humiliating to a high standard of professional honor and probity, than to see a man, who may honestly enough, and with propriety, devote himself to the study and cure of female diseases, stoop to the practice of examining, with the eye, all cases of suspected disorder, or displacement of the uterus? taking young girls from the school or the nursery, and exposing them to the degrading practice of ocular inspection. There are cases when this course may be indicated; but to aver that the practice should become common, is an absurdity, against which all past experience in medicine, all decency in morals, and all honor in manhood, should exclaim with unceasing opposition. Instances have come to the knowledge of the writer, where through the officiousness of a so-called "womb doctor," young ladies, just developing into maternal proportions, and experiencing the sensations peculiar to that particular age and condition, have been suspected of uterine disease,

and exposed, without the least necessity, to having the vagina dilated by a speculum or bougie, so that the operator, and friends of the patient, might have an opportunity of "seeing for themselves" the appearance of the organ. Credulous and anxious mothers, superstitious nurses, and meddling female friends, were perhaps called to witness that the diagnosis of the physician was correct, while they themselves could not judge between a natural or disordered appearance of the parts; and yet this speculum and bougie practice is becoming extremely fashionable in some places, and the physician who can boast of having *seen* the greatest number of *wombs* is esteemed worthy of more credit, than the hundreds of less officious, and yet quite as successful practitioners who have been content to use the speculum as a necessity, and not as an amusing boast.

Take, again, the other period of life, when the uterus, to use a familiar comparison, "retires from active service:" how common it is to act, at this important change, as if the organ was rebelling against a natural law, instead of yielding to an unalterable decree; and to impress the mind of the female with the belief that she is doomed during her remaining years to countless ailments, unless she submits to medical treatment. It would be just as rational for the husbandman to force open the advancing bud of spring, or to climb the trees of his forest to assist nature in stripping them of their falling leaves in autumn, as to interfere with the opening bud, or the falling leaf, in the vernal and autumnal seasons of womanhood, unless such interference is positively demanded by a departure in the constitution from a natural condition. What these departures may be—and how they are to be managed, will occupy our thoughts in future. If there are pains and sensations of an unusual nature, the doctor suspects, or says there is danger—as the function of the organ is now to cease—of cancer, or some kindred malady, and to judge that all is right, or find out what is wrong, he *exhorts* his patient into a panic; and she, wearied with undue advice, and alarmed by her own feelings, rendered morbid, and acutely sensitive by constant direction of the mind to herself, submits to *inspection*, perhaps to cauterization, and she escapes, if with nothing worse, perhaps with irritability of the organ, and deranged nervous system, that are entailed upon her for life.

We would not disclaim against specialties—we are glad to see them pursued in the hands of prudent and honest men; and no one is more deserving of the best talent and most arduous labor, than our profession can supply, than that which comprehends the entire uterine system; but we would raise a voice, and bear a testimony—be they ever so feeble—against the practice, that is becoming common in certain quarters, of placing woman in that position, in which she is made the special victim of professional cupidity, because she is taught to believe that she is peculiarly the subject of alarming disease; and if the effort now made, to shield her from offensive professional intrusion, may be in the least degree successful, while it may contribute to enlighten her as to her true position in these respects, the author will be amply rewarded for his labor.

That there are two changes in the life of women, termed *critical*, is well known to all; but that these are necessarily dangerous, is not so readily admitted. Every female of sufficient years experiences one, or

both, in the course of her history. Every careful mother, to whom has been assigned the responsible charge of rearing a daughter, knows what it is to look forward, with anxiety, to the period of pubescence in her growing child. The girl of 12 years becomes in her eyes, a new being, and after her twelfth birth-day, the watchings and fears, the doubts and hopes, that toss her heart to and fro, as she looks with maternal solicitude upon the daily course of her child, are only known to herself. But why these conflicting emotions? The child is well, she has been reared so far with a good degree of health; and whence the trembling now?

Nature has appointed a change—a *critical* period. In that girlhood is to commence a development that is to assume a woman's nature—organs of the body that have been hitherto dormant, are now to be aroused to actions, as essential to the health of their possessor, as they are, to her guileless mind, novel and mysterious—she is to grow into woman's estate. Her bones, muscles, all her tissues and organs, are to spread out with a rapidity hitherto unknown. In stature she becomes a woman, and in mind more womanly.

The mother is anxious lest any natural or artificial interruption should arrest the progress of nature; and then, as she passes on in her own circle of years, till the age of 40 or 45, she begins to experience a new train of thoughts, and to have new fears, and many anxious hours by day and night with reference to herself. The time is at hand, when nature shall visit her with the assurance that she has reached the summit of maturity, and that, henceforth, she will pass over the downward slope of life. Those very functions, the healthy manifestation of which in the child, she so much desired, and watched with so much care, are now to cease in herself; and though she may have borne children, and had a goodly heritage through all the days of her maturity, now she shrinks, and yet rejoices. She fears lest it may not be well with her, and yet would be glad because the time is past for her to become the mother of any more offspring. She wants to cross the line, and yet she falters. She knows she must, and yet she fears; she feels that she will, and yet she would not. Nature has appointed another change. In that womanhood, matured by experience and care, is now commencing the process of decline. Organs that have contributed by their operations to constitute her equal to her sphere and calling, now, as in childhood, become dormant again, and she stands upon the threshold of old age, looking fearfully forward, to years of suffering and affliction, at the very time, when, of all others, she should be cheered with a bright prospect of an easy decline, because the cessation is the kind monitor that comes, bidding her to lay aside the fears and pains of child-birth, to be released from the wearisome toil of the nursery, and in the full bloom of ripened age, crowned by experience and wisdom, to scatter about her, in the domestic circle, and amid her little community of friends, the fruits of her past labors in the field of life. It will be shown, hereafter, why woman should learn to welcome, rather than fear, this change—and why her physician should stand by her at this interesting crisis, not to alarm, but to encourage and support her.

The term of thirty or thirty-five years, that is embraced between these two periods in the life of woman, may be considered as the time of her maturity, when the organs of the body, upon which these changes depend, should be in the free exercise of their respective functions. All the processes of generation, birth, lactation, &c., that are peculiar to this stage of life, it is not, however, now my purpose to consider; ample scope being afforded for remark, upon the peculiarities that are developed at the appearance and cessation of the menses. As these are seasons in woman's history, that are anticipated by such conflicting emotions, it becomes the physician to study well the course and results of their development, both as to the moral and physical changes that are coincident with them; it is also proper for females themselves to understand their position, and to have their minds relieved of needless anxiety and fear at these times. We will offer the suggestion, as a starting point, that these changes, although called critical, are natural, and are not to be interfered with, unless some abnormal symptoms accompany them.—*New Jersey Medical Reporter*.

[To be continued.]

FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

To the Editor of the *Boston Medical and Surgical Journal*.

SIR,—The School of Medicine was opened to the medical fraternity, to whatever name or nation belonging, on the 7th of November last, with considerable manifestation on the part of the faculty. It was an occasion of unusual interest, and an audience of twelve hundred medical gentlemen greeted the orator of the day, M. Bouchardat, with much warmth, as he proceeded to pronounce eulogies upon two eminent professors of the faculty who have died within the last three years—M. Hippolite Rayer-Collard, and Achille Richard. The former was professor of hygiene, the latter of natural history. As M. Bouchardat has been recently elevated to the place occupied by M. Richard, and as he had been his pupil, his *agrégé* and friend, it was befitting that he should be permitted to pay this tribute of respect to his distinguished teacher, who, in his last hour, said, "I have occupied well my day; all my life has been consecrated either to things useful or to aggrandize the sphere of human knowledge. I have done the best I could with what was given me to do here below—my conscience is tranquil." At the next annual commencement of the medical lectures, an eulogy will be pronounced upon M. Orfila.

When M. Malgaigne commenced his course upon operative surgery, he took, as his *theme*, for his introductory lecture, the schools of surgery represented by Boyer, Dupuytren and A. Cooper. He gave the personal histories of these men, and graphically described the field in which each one strove to distinguish himself. He called Boyer a *conservative* in surgery, Dupuytren a *radical*, and A. Cooper a pretty clever surgeon—the two former as the *base* of the pyramid, and the latter the summit. He was rather more complimentary to the English surgeon than most

Frenchmen are apt to be. Yet he spared not the *knife* of criticism when he saw a morbid growth. Perhaps there are very few better medical critics than M. Malgaigne. He can *elucidate* better than he can *execute*—hence his lectures are highly instructive; yet he does not operate with that dexterity which is peculiar to some surgeons.

I noticed recently a statement of the result of 157 cases of typhoid fever which had been treated by M. Secrétain, by six different methods. Although this number is not large, yet it is worth something—as we can judge somewhat of the value of the methods employed; and, moreover, it would seem that when an epidemic typhoid fever reigns, it is better not to be confined exclusively to any one method of treatment. Of these patients, 118 were cured; and 39 died, or one third. Among them, 64 were men, 73 women, and 20 children. With the expectant treatment, 2 died out of 28 cases; in 18 of which the fever was light, 8 medium, and 2 grave. This upon the first view appears well, but unfortunately the two grave cases succumbed. Sixty-one were treated by symptoms; among which we find that 26 were grave, 24 medium, and 11 light—deaths 16. In 42 cases treated by sulphate quinine—14 grave, 22 medium, 6 light—there were only 6 deaths. With the method by evacuants, there were 12 cases, 9 grave, and 8 deaths. In the treatment by cold water externally upon the abdomen, and a free use internally, there were 5 cases grave, 1 medium, and 1 light—none died. By the antiphlogistic method, bleeding, &c., there were 7 cases—6 grave and 1 light—with 6 deaths.

At the clinique of the Faculty in the service of M. Dubois, several trials have been made with the warm *douche* upon the neck of the uterus to produce labor. I saw it applied last week to a patient in the eighth month of pregnancy, who has a contracted pelvis from rachitis; and the result was most happy. I have also seen its application when the placenta has been retained ten days from the rupture of the cord, in a case of abortion, and with the same success. The method of employment is by irrigation. A constant stream of warm water—at the temperature varying from 30 to 40 degrees *centigrade*—is forced upon the os uteri, by an irrigator, for twenty or thirty minutes, according to its effect in producing pains. It seems to have a stimulating and also a relaxing effect upon the neck of the uterus; and soon the patient begins to experience the ordinary phenomena usual in the first period of labor. It is re-applied in twelve or twenty-four hours, if the uterine contractions still remain feeble, or have entirely ceased. Generally from two to four applications are sufficient to cause the uterus to expel its contents. This method of employment of warm water in producing premature labor was first introduced into notice, I believe, in Germany. Since then, two or three cases were reported at Dublin of its successful employment, and one in London. From the results thus far obtained, it may be considered a *safe, energetic* and *sure* method of producing uterine contraction, when it becomes necessary for art to interfere, in cases where the placenta has been retained a long time, and the uterus has ceased to act, and also in the production of premature labor.

Recently M. Cazeaux, an obstetrician of some note, was summoned

before one of the courts of Paris, to testify what took place in his office during a private consultation. This he refused to divulge; and the court sustained him in his decision, and ruled that a physician was not obliged to divulge what occurred, or what were his prescriptions, in his private consultations. A few days after, the *patient consented* that M. Cazeaux should divulge the secret, and the prosecuting party offered him 100 francs, as a bonus, and in case of refusal that he should be again brought before the tribunal; but he scorned their bribes, and felt himself protected by the strong arm of justice extended to him under the *imperial eagle*.

By the side of a puerperal epidemic fever in the obstetrical hospitals, I have seen another affection, within a few weeks, which has probably some etiological connection, but which differs as much, even by the nature of its accidents, as by their circumscribed locality to the external genitals. At one time, most of the women, who escaped peritonitis, were attacked with *eschares* upon some portion of the genitals, which resulted in gangrene. Generally a few hours, or the next day after confinement, there might be seen some ecchymosed spots upon the internal face of one of the external labia, or upon one of the sides of the fourchette, coming on without any rupture of the parts or any prolonged pressure from difficult labor. Soon some fissures in the mucous membrane would appear, and in a few hours the epithelium would be destroyed, and an ulcerated surface more or less extended would result, perhaps covered with a diphtheritic exudation, thus destroying the surface in a few hours, or in one day; and if not arrested in its progress, it would extend in some cases to the complete destruction of the mucous membrane of the vagina, even to the neck of the uterus; or it might destroy the whole external portion of the genitals, and even the perineum and anal region would slough away. Notwithstanding this melancholy aspect of affairs, nearly all of the patients have survived, or are in a way of recovery. What can be the cause of so many women being attacked so suddenly? Is this affection an epidemic? or has some inoculating matter been conveyed from the dissecting rooms upon the fingers of the students? These questions I will not pretend to answer; but I will say, that the same regulations have been adopted here since the appearance of the malady, as are put in force in Vienna, when a puerperal epidemic becomes manifest, viz., that those who practise dissections during the prevalence of the epidemic, are prohibited from practising the *toucher* upon the women in the hospital.

The discussion upon the use of *perchlorure de fer* in obliterating tumors of the veins and arteries, is still going on with much vigor at the Academy of Medicine. When the end will be, I cannot divine. Last week, M. Roux, the venerable surgeon at Hotel Dieu, said, in the discussion of this question—that he had ligated the larger arteries, including the crural, brachial, popliteal, &c., 84 times; and that 66 times he practised the method of Hunter; that he had operated for false aneurisms of the arm 10 times, and for aneurisms of the popliteal artery 23 times. Surgeons have long sought some remedial agent that would have a salutary effect in coagulating the blood. In perchloride of iron

is found a property which acts powerfully in arresting hemorrhage from bleeding surfaces, as I have abundantly seen. And it has succeeded in some cases of aneurisms, when the article was pure, and the operation made with precision. Nevertheless, its merits are not sufficient, as yet, to supersede the methods which have long been in use. But every day experiments are made with it upon patients as well as upon animals.

Within ten days cholera has made its appearance among us. There have been nearly two hundred cases; and more than one half of this number have died. Within the last three days it has been on the increase, so that one day there were thirty cases. As yet, the number is small to the population of Paris. But the future may swell the bills of mortality. Diarrhœa, a constant precursor of cholera, is now quite prevalent. The administration of the hospitals are taking measures to establish a separate hospital for the cholera patients.

In looking at my note-book, I find among the record of cases seen at the hospitals, one which is not without interest in a practical point of view, as showing the reliance placed upon *one* symptom—and yet, the surgeon was deceived. It was in a patient upon whom M. Nélaton diagnosed an ovarian cyst, but which proved to be ascites. I must forbear entering into any history of the case, but will state the point at issue. The woman had all the external appearance of ascites. She had organic disease of the heart, but from the enlargement of the abdomen the liver could not be examined. Nothing abnormal could be found by the vaginal touch. By percussion, the intestines were found upon each side of the abdomen, occupying both sides of the vertebral column, showing that the liquid was anterior to them. This hitherto positive symptom of M. Rostan, caused M. Nélaton to diagnose this case as an enormous ovarian cyst, in the absence of any other notable sign. She was punctured, and 20 litres, or about five gallons, of clear liquid were withdrawn; and injections of tincture of iodine were made. The patient suffered for three days very much from vomiting and pain in the abdomen, but became better. The abdomen began to enlarge again, and she died in four days, suddenly, as was supposed from the affection of the heart. Upon a post-mortem examination, the heart was found enlarged, pericardium adherent, right auricle large enough to admit the whole hand into its cavity, filled with a clot; the liver was in a state of cirrhosis; the uterus in its normal condition; one of the ovaries slightly enlarged; peritoneum showed that there had existed an ancient peritonitis, but was now very little inflamed. But there was found a false membrane extending from the transverse colon down to the os pubis to which it was attached. It also had attachments to each side of the abdomen, and along the omentum, thus forming a complete covering to the intestines, uterus and bladder, thereby preventing them from rising upon the surface of the liquid; and of course being an obstacle liable to deceive the most astute perception in the diagnosis.

I notice that some of the English journals are recommending the working population, who labor in the dust, and where there is much gaseous exhalation, to wear *la moustache*, to prevent the inhalation of

obnoxious particles which may be injurious to the lungs. As you are aware, such recommendation is not *necessary* in France.

With these few hasty "*on dits*," to-day, I will subscribe myself,
Paris, Dec. 6, 1853. Respectfully, A. B. H.

EXTIRPATION OF PAROTID TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

A CACHECTIC, middle-aged lady was the subject of a growing tumor in the parotid region, during the past twelve years of her life. It was a conical protuberance, two inches in diameter, lobulated, solid, and slightly movable. It was defined posteriorly, by the mastoid muscle; superiorly, by the mastoid process, meatus auditorius and the jugum temporale; and anteriorly, it overlapped the ramus of the lower jaw, while its base was firmly wedged into the parotid space. The concha and lobe of the external ear were imbedded into and thrust outward by the tumor, and it was artificially marked by a cicatrix resulting from an ineffectual attempt, by a distinguished surgeon, to remove it. It occupied the situation of the parotid gland, and in consideration of its increasing bulk, the harassing pain it caused, and the failing health of the patient, she was importunate for its extirpation.

A vertical incision was carried from the jugum over the summit of the tumor to the track of the external carotid artery, an inch below the angle of the jaw. This was intersected by another below the ear, and the flaps being detached, a sufficient working space was obtained. The dissection was then continued around the periphery of the tumor; and to command it, a double hook was thrust into its substance, but immediately withdrawn upon the escape through the punctures of an inky, sooty fluid. From the density of the tumor this was unexpected; it indicated, however, its pathology, and confirmed the propriety of its eradication. The dissection was then pursued into the deep region behind the ramus of the jaw, where the base of the tumor was immovably fixed. Its superior portion could now be grasped by the fingers, and by stretching, cutting with the knife held backwards against the solid mass, and tearing with the handle, it was finally dislodged in an unbroken capsule, with the loss of not more than six or eight ounces of blood. As the dissection advanced, there were continued jets and gushes of blood from the deep cavity; nevertheless, the removal was accomplished without difficult hemorrhage, an exemption due, without doubt, to the probable obliteration of the vessels by protracted compression, and to the tearing process by which the attachments were divided. The tumor was found to be pretty equally cut by the plane of the ramus, one part lying above and the other below the level of this bone.

When the bleeding had ceased, an inspection was made into the chasm created by the disrupted tumor. It was limited superiorly, by the mastoid process and the meatus; posteriorly, by the naked sterno-cleido-mastoid muscle; inferiorly, by the digastric muscle and a portion of the submaxillary gland; anteriorly, by the ramus of the jaw, and its bottom by

the styloid process and its investing muscles. The tumor either consisted of some hypertrophied condition of the parotid gland, or its structure was annihilated and its place usurped by an extraneous growth. *Not a vestige of it, healthy or morbid, remained.* The central or main portion of the tumor was of scirrhus hardness, its inferior portion was granular and less dense, while its apex contained a small quantity of semi-liquid melanotic formation. It was in a state of incipient melanosis, and conformed, in this particular, to a considerable proportion of the recorded cases of parotid tumors, melanotic degenerescence constituting the pathological feature. Some branches of the facial nerve were unavoidably divided, but the paralysis was only partial.

The recovery of the patient was interrupted by a severe attack of erysipelas that overran the face, scalp and neck; yet the wound healed favorably, no trace of deformity, beyond the inevitable cicatrix, remaining.

Greenfield, January, 1854.

JAMES DEANE.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 11, 1854.

Dress as a Fine Art.—It so rarely happens that anything is said or written of late on the character of clothing, beyond the fashionable chit-chat among gentlemen of the ton or ladies who have no other discourse, that we really felt not a little surprised to find a beautiful book laid on our table relating to the subject. On reflection, every one must admit that no small share of constructiveness is necessary in the artist who makes a coat fit a pair of shoulders. An equal amount of skill is required to make a lady look the better for flowing garments. Hanging a dress to a female, and shaping it so as to appear gracefully, are very distinct affairs. Cutting dresses, therefore, is really an art—hardly worthy, however, of being named a divine one, notwithstanding the ridiculous fact that thousands of silly people worship their garments more than anything else. If mothers studied the true method of clothing their children, it is impossible to determine how much they would diminish the number of crooked spines and other distortions known to accompany a refined civilization. Messrs. John P. Jewett & Co., of Boston, are the publishers of an elegantly illustrated work by Mrs. Merrifield, under the title which we have given above, with suggestions on children's dress, and an introduction on head dress, by Prof. Fairholt. We have regard to the treatise simply in the relation it bears to health. Whether a vest is single or double breasted, or a frock coat has frogs or buttons, is not to us worth talking about; but when it is feasible to so clothe a child that the development of the chest and limbs may not be impeded or the vital apparatus distorted from its natural position, it is important that the fact should be known. Medical gentlemen might essentially subserve the cause of humanity by directing mothers to read this new volume. Fathers are too busy to look after these minor concerns, generally conceiving they have discharged "the whole duty of man" by paying their wives' shopping bills. To mothers, therefore, is mainly entrusted the great concern of rearing up finely-formed children. As dress is largely concerned in mo-

difying their physical condition, assuming that they have good food and air, those especially entrusted with them in their tenderest years should know all about what is proper or improper in a garment. The philosophy of female dress may be clearly ascertained in Mr. Jewett's publication, to which we refer with much satisfaction those who have any desire of knowing their duties or responsibilities in the matter. Perhaps another treatise on the proper system of clothing boys, might be equally serviceable. Still, one object will be answered, and reformatory measures in some cases commenced, when Mrs. Merrifield's sensible dissertations have been studied, meditated upon, and followed, as they merit.

Dr. Palmer's Address.—This is the particular season when published lectures, introductory to the courses in the schools, make their appearance. The custom is so prevalent in the schools of medicine, throughout the country, to have one or two opening discourses, explanatory of the principles to be taught, and accompanied by such observations on the duties, position, influence and mission of medical men, as may give a right direction to the minds of the students, and prepare them for the various responsibilities devolving upon them, that they constitute a periodical kind of literature. These lectures are the real exponent of the current medical doctrines of the day, and will be referred to in after times as the expression of the best and most cultivated minds of the age. We have occasionally given extracts from them; but to transfer even a moiety of the whole to our pages, would lead to the exclusion of most other matter. Among the accumulations of the last few weeks, is the introductory lecture of Benjamin R. Palmer, M.D., of the anatomical chair in the University of Louisville, Kentucky, published by the class. We have always considered it a compliment, of which any professor should be proud, when his pupils so far appreciate his efforts, as to ask permission to give them perpetuity in type. Dr. Palmer reviews, in this essay, the first periods of creation, comments on the institution of the Divine laws and the original condition of man, till he finally comes to the consideration of medicine, the leading subject of the address, which embraces within its ample folds a multitude of studies. Dr. Palmer's definition of a physiologist is very satisfactory—being comprehensive, without a redundancy of words. Some of the closing periods are in excellent taste, and do the author credit as a writer and public teacher.

The Epidemic Summer.—Such is the plain title of a pamphlet of unusual interest, by J. S. McFarlane, M.D. It purports to be a correct official catalogue of those who died at New Orleans the present season of yellow fever. The age, nativity and place of interment of the individuals are also given. This list of mortality extends from May to November, 1853. Being alphabetically arranged, it facilitates a research for the name of a friend or acquaintance who may have been a victim to the pestilence that passed through that city in its strength. A review of the yellow fever, its causes, &c., by the same writer, gives additional value to the document. It is one of those sensible papers that command respect; it does not run off at random into a wilderness of speculations, but presents a philosophical series of reasons for the visitation of the devastating angel of death.

Homæopathy.—Charles A. Lee, M.D., a name familiar to medical men throughout the Union, now a professor in the Starling Med. College, Colum-

bus, Ohio, gave an introductory lecture, Nov. 2d, which is devoted to the subject of *Homœopathy*. The topic is handled with the skill of a surgeon and the finish of a scholar. Gentlemen may differ in their estimate of this clearly written production; but it strikes us that all will agree in this, that Dr. Lee has examined the merits of homœopathy in a remarkably strong light, without saying a hard word, losing his temper, or forgetting that he was arguing a case by the strict rules of inductive reasoning, prompted by a regard for truth. No person in his senses supposes that the new school is to be crushed out of existence by editorial anathemas, or that all the erudite professors in Christendom, could, by their united force, reason any body out of the conceit of employing a homœopathic physician. People do precisely as they have a mind to in this democratic country in physic, as well as politics; but that does not prevent very many excellent persons from critically examining the doctrines of Hahnemann, and some of them are weaned from its chimerical theories and seductive influences by such a paper as this of Dr. Lee's. It would almost lead a confirmed disciple to question the system. We hope both parties may read it, because it is a good specimen of critical analysis; and, besides, there is something for reflection for those who happen to be particularly determined to dislike each other, as it will show that their consistency is little else than a determined inconsistency.

American Medical Monthly.—A new enterprise was commenced at New York on the first of January, by the issue of Number I. of a Monthly Medical Journal, conducted by six eminent gentlemen of the profession in that city, who constitute the faculty of the New York Medical College; viz., Drs. Green, Davis, Barker, Doremus, Carnochan, Peaslee and Parker, the editor being E. H. Parker, M.D. It is a finely printed Journal, and abounding in papers of the right character. Three dollars a year, always in advance, is the subscription price. A better salutatory than the editor's could hardly have been written. If a liberal encouragement is extended towards this very promising periodical, the proprietors will exert themselves more vigorously to make the pages a record of what every practitioner of medicine and surgery ought to have upon his table.

Smallpox.—Not with the regularity, but with the certainty of the return of the seasons, this most dreaded of all infectious diseases in New England, makes its appearance, here and there and every where, both in cities and the interior, to the terror of the people and the certain destruction of many lives. There is a sure preventive of the disease, but with all the intelligence abroad, the danger is never realized till smallpox actually breaks out in the midst of the inhabitants, and then they fly to the physicians for vaccination. Thousands upon thousands in this and the neighboring States would not pay a York shilling for protection till the last moment, when it is sometimes too late; and scarred faces, spoiled eyes and intense physical sufferings become the lasting memorials of their negligence. Physicians can do no more than offer the boon. At the present moment, in various sections of New Hampshire, Vermont, Massachusetts and Maine, the smallpox is leaving its melancholy marks.

Mortality of New York for 1853.—We find in the New York Daily Times the following synopsis of the Mortality Returns of that city for the last year.

"New York mourned the loss of 21,897 persons during the year ending Dec. 31, 1853. The greatest number in any single month was in August. Of the whole number, 6,871 were children under one year; and 1,396 others were between the ages of 40 and 50. From 2 to 5 years, there were 2,302; and from 5 to 10, 828. The total mortality in January was 1,405; in December, up to Saturday last, 1,752.

"A classification of the sexes shows an aggregate of 4,624 men, 3,905 women, 7,176 boys, 6,178 girls. Of adults, a total is given of 11,254, and of children, 10,629. The fact that there was a mortality of nearly eleven thousand among the city children during the year, suggests inquiries touching the causes. Accordingly, we find that there were 2,723 deaths from convulsions, 691 from croup, 890 from cholera infantum, 448 from scarlet fever, 430 from inflammation of the bowels, 183 from hooping cough, and 949 from marasmus—besides numbers from various inflammations.

"The number of deaths from smallpox in the whole year was 627. In 1852, it was 497; in 1851, 562; in 1850, 231; in 1849, 326; in 1848, 544; in 1847, 53; in 1846, 141; and in 1845, 425.

"The number of deaths at public institutions has been as follows: Ward's Island Hospital, 1,146; Bellevue Hospital, 565; New York Hospital, 412; Penitentiary Hospital, 104; Smallpox Hospital, 21; Lunatic Asylum, 85; City Prison, 35; Colored Home, 107; and Alms House, 121: making a general aggregate of 2,694.

"A return from Brooklyn for the year 1853, shows an aggregate of about 3,500 deaths."

Castleton Medical College.—Prof. George Hadley, of Buffalo Medical College, has accepted the appointment of Professor of Chemistry and Natural History in Castleton Medical College. Prof. Hadley carries with him, in his well-known erudition and experience as a teacher, the ability to make himself a valuable acquisition to any college in the department which he occupies.

Census of the Canadas for 1851-52.—The first report of the Secretary of the Board of Registration and Statistics on this subject has lately been printed. The census was divided into personal and agricultural. The last is by far the most advanced. The former is intended to include census by age, births, deaths, &c.—trades and occupations—causes of disease—number of houses and families occupying; but, so far, it only comprises a few general observations and tables, containing the origin and religion of the people of Canada. It is stated that the rest is being extracted and prepared, and much is ready for the printer. It is a work of vast labor, and no pains have been spared to collect the required information. Of necessity it takes a long while for completion, even with the aid of many hands. To the profession one of the most important points is the causes of deaths; but we fear its statements, as in similar statistics, will lose much value from incorrectness of the accounts given in to the Board. Persons are constantly dying from unknown causes, and with ailments that are supposititious. Too often a name is given at random, or on false belief, to cover a disease to which it has not the least reference. We have seen this done both in public and private, and do not write unadvisedly. The weekly bills of mortality in any large city show the same truth.

The census is supposed to have been taken on the 12th of January,

1852. The population of the two Provinces amounts to 1,842,265—of Upper Canada 952,004, of Lower Canada 890,261. Comparative tables show that the greatest rate of increase in the former has been $11\frac{1}{2}$ per cent. per annum, in the years 1834 and 1851; lowest $4\frac{1}{2}$ per cent., in 1825 and 1842. Similar details are not given of Lower Canada, but simply a table of its population in different years; in 1831, its population was 511,920.—*Montreal Medical Chronicle*.

Medical Miscellany.—For twelve months or more, as we learn from the papers of that city, St. Louis has been blessed with extraordinary health. During the past summer months—in previous years the most unhealthy of the year—the average mortality was down to the winter gauge, or healthiest season. And now that winter has come, the average is lower still; almost promising total exemption from disease. The deaths for the past week were only 23—in a population of about 100,000, continually recruited by European emigrants. The like has not been known for years.—A private course of lectures is being given in New York, by Dr. Collett.—An hydropathic school, it appears, has been organized in New York. Water, of course, is taught to be the invariable remedy of every disease.—A new and very beautifully-executed catalogue of the Berkshire Medical Institution, containing a full list of all its graduates from the beginning, is being liberally circulated among the friends of the College.—An apothecary's boy was lately sent to leave at one house a box of pills, and at another six live fowls. Confused on the way, he left the pills where the fowls should have gone, and the fowls at the pill place. The folks who received the fowls were astonished at reading the accompanying directions—"Swallow one every two hours."—Stockton is represented as being very unhealthy. One hundred and forty cases of chill and fever were reported in one day. This disease, says the Journal, seems to be epidemic, as almost every citizen has had more or less of it. Every countenance, almost, wears a cadaverous look, and every inquiry produces but one chilling answer—"the shakes."—During the last quarter 26 patients were received at the Marine Hospital, Chelsea. Only five deaths occurred in nine months.—Lectures commence at the Worcester Medical (Botanic) College, Thursday, March 2d.—Mr. Josiah Hall, of Walpole, Mass., has reached his hundredth year.—Dr. Bickley's Introductory has been received.—Measles is still quite common among us, and the Report below shows that the number of deaths by the disease continues large.

TO CORRESPONDENTS.—Dr. Hayward's Case of Hydrophobia, and Dr. Comstock's Remarks on the Study of Anatomy, have been received.

MARRIED.—At Worcester, Mass., Dr. Ebenezer Kimball to Miss E. Caldwell.

DIED.—In Boston, Dr. Jacob Goodwin, 70.

Deaths in Boston for the week ending Saturday noon, Jan 7th, 100. Males, 56—females, 44. Accidents, 3—inflammation of the bowels, 2—inflammation of the brain, 1—congestion of the brain, 1—consumption, 18—convulsions, 1—croup, 4—diarrhoea, 1—dropsy, 3—dropsy in the head, 6—infantile diseases, 9—erysipelas, 2—typhoid fever, 1—scarlet fever, 1—fracture, 1—hooping cough, 2—disease of the heart, 4—inflammation, 2—inflammation of the lungs, 10—measles, 11—old age, 4—palsy, 4—premature birth, 1—scrofula, 1—smallpox, 1—teething, 3—tumor, 1—unknown, 2.

Under 5 years, 50—between 5 and 20 years, 11—between 20 and 40 years, 17—between 40 and 60 years, 11—above 60 years, 11. Born in the United States, 78—Ireland, 13—England, 5—Scotland, 1—Germany, 1. The above includes 12 deaths at the City Institutions.

The late Dr. J. F. Flagg.—The recent death of Dr. Flagg, of this city, has already been recorded in the Journal. An extended notice of his life should be published, for his excellent disposition, and his long professional career, more particularly as a surgeon-dentist, are eminently deserving of it. The following extracts from a sketch of his character, by a friend and kindred spirit, are taken from a note to the editor.

"Dr. Flagg was a rare man. Added to his scientific, professional life, his social life was of high order; high-minded, eminently pure, safely conservative—accepting what *life* there was in the past, but not carrying around with him forms without substance, a body without a soul. He was open to the new, the progressive, and the light of his eye and the tone of his voice spoke of the depth within. The character of the new, its adaptation, were charms to his benevolent mind. As a reformer he was eminently consistent, and ever kind to the hardest opponent. His life was a text-book, and the many young men, whom he has been permitted to influence, will bear the highest testimony to his fidelity. The Dental College should have his professional life published—and we hope some able pen will immediately set about it. He has established a high-toned precedent as a surgeon-dentist for nearly forty years. Every dentist in Boston should bear him in grateful remembrance. He was the father, strictly speaking, of the School of Design for Women in this city, and the resolutions that have been passed by that Board, and the scholarship endowed, speak of its acknowledgement. Had he been a man of fortune, he would have been artistic in his life; but it gleaned out whenever an opportunity occurred, showing it was there.

"His sympathy for humanity, from his youth, has been remarkable—a cosmopolite indeed; his love for children active and ever fresh. As Superintendent of Dr. Channing's Sunday School for years, as lecturer on Sunday Schools, &c., he is remembered with deep joy, for the scientific and religious were beautifully blended in his instructions. As his years deepened, his aspirations deepened also; and the woman-movement of this age, which is now before the public, attracted his truly generous mind. Her narrow sphere, her circumscribed position, her unfair remuneration, all attracted our departed philanthropist, and where the eye rested, it blessed; where the tone was heard, it gladdened. Eminently manly, he desired to see woman in freedom, that she might be womanly.

"His body grew weaker as years advanced. His intense, delicate, highly-wrought temperament took not time for rest. He heeded not a feeble body, for the soul was strong, and the desire for *use* paramount. Says a friend—'His body weakened, his understanding faltered, and he became immortal.' In his family relations he was a pattern to every one. His influence will never be lost. He has left behind a companion with whom he took sweet counsel for many, many years. They thought together on the great problems of life, they walked side by side in all its enjoyments, and shared in all its trials. His home was ever blessed, eminently hospitable.

"We ask some one who was acquainted with our beloved friend in his youth, and has traced his luminous life, to furnish the biography which is demanded."

H.

Dr. Worthington Hooker, of New Haven, Ct., well known as a medical writer and teacher, is preparing a work on physiology for the higher classes in schools and academies.